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Bib Data Sheet

CONFIRMATION NO. 1566

<b>SERIAL NUMBER</b> 09/825,141	<b>FILING DATE</b> 04/02/2001 <b>RULE</b>	<b>CLASS</b> 128 705	<b>GROUP ART UNIT</b> 3728 3626	<b>ATTORNEY DOCKET NO.</b> 046259-29675
<b>APPLICANTS</b> Thomas L. Kapp, Katy, TX;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A CIP OF 09/032,512 02/27/1998 ABN WHICH CLAIMS BENEFIT OF 60/193,636 03/31/2000 <i>ok Ln 5-23-05</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>none Ln 5-23-05</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 06/01/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged	Allowance <i>Sena Nafarian Ln</i> Examiner's Signature Initials	<b>STATE OR COUNTRY</b> TX	<b>SHEETS DRAWING</b> 23	<b>TOTAL CLAIMS</b> 53
<b>INDEPENDENT CLAIMS</b> 3				
<b>ADDRESS</b> 26345				
<b>TITLE</b> Web-based medication management system				
<b>FILING FEE RECEIVED</b> 717	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	